



**Pre-Budget Submission 2016
Department of Health**

***Living Full Lives:
“What We Can and Must Do”***

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List of Recommendations

1. Home Help Services will require an additional €15 million in 2016 to allow the current levels of provision to be maintained for an anticipated additional 3,600 people. Approximately €11 million is also needed to provide home help outside core hours and to support older people in the community with low to medium dependency [cost €26 million].
2. Provide an additional 550 home care packages to meet the increased demand from those aged 80 and over, and for those with greater levels of dependency [cost of €7 million].
3. Roll out a National Reablement Programme with the objective of improving and maintaining older people's physical strength and mental health, enabling greater independence, and reducing the need for ongoing home support and long term care. [Over time cost neutral as evidence from pilot programme North Dublin shows reduction in need for home help hours. In UK, admissions to LTC fell by more than 10 per cent over three years].
4. If the Government fails to support increased provision of home care and home support, then increased investment will be required to support the NHSS for 2016 [cost of €43.8 million].
5. For those whose only income is the State Pension, increase the personal allowance under the NHSS to 30 per cent of income [cost of less than €1 million].
6. Extend coverage of the GP visit card to include all services normally carried out in GP practices and the public in-patient charge of €75 per night, maximum of €750 per annum [cost minimal as only 11 per cent of those aged 50 and over have neither a medical card nor private health insurance].
7. Reduce the GMS Prescription Charge to €1.50, capped at €10.50 for an individual [cost of approximately €40 million].
8. Reduce the Drug Payment Scheme cap to its 2009 rate of €100 for a couple and introduce a separate cap for individuals at €50 per month [cost approximately €33m].

1. Introduction

Age Action was established in 1992 as the voice for older people and the leading advocacy organisation on ageing issues.

We act both as a network of organisations and individuals, including older people and carers of older people, and a service provider, assisting thousands of older people every year.

Our mission is to empower all older people to live full lives as actively engaged citizens and to secure their rights to comprehensive high quality services according to their changing needs.

2. Context

In early 2011, the Programme for Government committed to implementing the National Positive Ageing Strategy so that:

“older people could be supported and enabled to live independent full lives.... enhancing and protecting older people’s wellbeing and quality of life”¹.

Four years on, the strategy has not been implemented. Four successive austerity budgets have greatly limited older people’s ability to live full independent lives. For example, last year older people requiring long term residential care waited for months in unsuitable acute hospital beds.

The Government says we must plan for our ageing population, “for - what we can and must do - individually and collectively - to make Ireland a good country in which to grow older” (Kathleen Lynch T.D)².

In contrast, the approach to health and social care is marked by crisis management rather than long-term, strategic planning.

The crisis management approach to budgeting

Budget 2014 committed to providing comprehensive home care and community supports, enabling older people to stay in their own homes for as long as possible.

No additional funding was allocated to achieve this.

¹ Department of Health (2013 National Positive Ageing Strategy p. 8 – available at <http://health.gov.ie>

² Op. Cit. p. 4

Instead €23m was cut from the Nursing Home Support Scheme (NHSS) and reallocated for community supports, including 190 Intensive Home Care packages. To make matters worse, these packages never materialised in 2014.

Budget 2014's cut in NHSS funding led to a crisis in 2015 when the lack of 1,400 long-term care beds created serious problems in acute hospitals as older people waited months to receive a nursing home bed or home care package.

The response was to allocate €25 million for short-stay beds, provide an additional 400 Home Care Packages and 300 long-stay places.

The Department of Health received a further €74 million in April 2015, of which €44 million was allocated to the Nursing Home Support Scheme to provide an additional 1,600 long-term care beds, and €30 million to cover the cost of additional transitional care beds.

The problems created by the €23 million cut from the Nursing Home Support Scheme in 2014 cost almost three times as much to fix in 2015 and the scheme is still supporting 426 fewer people than in 2013 (see Table 4)

This example demonstrates the failure to plan effectively to meet the demographic challenges facing the health service. A crisis in 2014 was solved only by creating a crisis in 2015, which then required its own solution.

3. Development of Pre-Budget Submission 2016

Feedback from our members on the development of this submission.

I find having to deal with all these problems of ill-health and lack of treatment very upsetting and depressing. The lack of retirement options with help attached and decent nursing homes is even worse, so the future is bleak.

Getting less and less for my pension, I don't know where it's all going to end. Before the election, it was said the country needs a change, and did they keep their promise. Out of the pot and into the fire. My home help went from one day a week to every 2 weeks.

Carers should not be made a beggar for something that is a patient's right

Age Action's policies and campaigns are driven by our members and supporters.

In preparing our pre-budget submission, we met with more than 150 older people in Cork, Dublin, Galway and Monaghan.

Many of those attending our meetings are active in their communities and live in their own homes. We are conscious that older people who are confined to their homes or living in nursing homes were not present but we do receive contact from those people through our information line.

Many spoke about the loss of the medical card and the impact that this has on their ability to access timely health and social care.

Older people frequently highlighted their frustration with the limited options available to older people for long-term care. They criticised the lack of alternatives to nursing homes and pointed out that supported housing often gave older people a better quality of life, greater independence and more control over their own lives.

There is also a palpable frustration and anger among our members at the myth, pushed by some political and media voices, that older people were insulated from austerity.

For those needing care, basic necessities like incontinence pads can be rationed. Carers find themselves spending time and energy battling bureaucracy and indifference to get basic essentials instead of actually providing care.

Age Action's information line regularly receives calls from older people and carers, encountering difficulties accessing services like occupational therapy, and have items like incontinence pads limited to three per day. These restrictions display a complete insensitivity to the dignity of another human being.

Other members told us how the reduction in availability of transport to hospital appointments means they must now pay for taxis or subsidised transport. This can very quickly eat into already reduced incomes, particularly for the majority of older people who are entirely reliant on the State Pension and for whom a two-way trip by taxi to hospital is not to be taken lightly.

4. Budget 2016 – What can and must be done

Demographic change over the next decade should direct where limited resources are spent. It is estimated that in the health area, an extra €200 million is needed per year to meet the needs of

older people alone³. Demand for formal care services in Ireland will increase in line with demographic changes and social developments. For 2016, the budgets for the delivery of Services for Older People need to be increased by €34 million as outlined in more detail in the next section to meet demand associated with projected population (see Table 1). The Primary Care budget also needs to be increased to ensure older people can access affordable and timely primary care services.

| | Pop. 65 and over | Pop. 80 – 84 | Pop. 85 and over |
|-------------------------|-------------------------|---------------------|-------------------------|
| 2006 | 468,000 | 64,400 | 47,800 |
| 2009 | 498,900 | 66,900 | 55,000 |
| 2012 | 549,300 | 71,000 | 60,500 |
| 2013 | 568,100 | 72,600 | 62,100 |
| 2013 | 586,600 | 74,000 | 63,800 |
| 2015 | 604,825 | 76,873 | 67,212 |
| 2016 (Projected) | 624,500 | 78,700 | 69,600 |

5. Care and Support in the Home

Feedback from our members on the development of this submission.

More support for home care of the elderly as I do not wish to die in a "home". As an elderly single man, I have no immediate family to care for me, if I need care I am frightened and scared!

Carers have enough to contend with without having to fight an organisation like the HSE.

Despite an increase of 11 per cent in the number of people aged 85 and over in the last three years (see Table 1), home help hours have not increased from the 2012 level of 10.3 million hours (see Table 2).

The present system is currently designed to see Home Help and Home Care as ways to meet the priority need of supporting acute hospital discharges. The failure to provide support to those in the community with low to medium needs has consequences both in terms of demand for more intensive home care packages and long term care places, but more importantly for the older person's opportunity to live a full life.

³ Statement Brendan Howlin TD Minister for Public Expenditure and Reform (2015) *Fiscal space of €1.2 -€1.5billion predicted in 2016*. 28/4/15 – available at <http://www.labour.ie>

⁴CSO (2014) *Population and Migration Estimates* – available at <http://www.cso.ie>

People are living longer and with a growing population of people aged 80 and over, we need to plan to meet the increased demand for Home Help and Home Care services. These services give people struggling at home the skills to manage their daily lives, to delay their need for more intensive interventions and reduce their risk of admission to acute hospitals.

More Home Help hours

In Ireland, nearly 90 per cent of home care and support that an older person receives is provided informally by family, friends and neighbours⁵. The Home Help service, providing between one to six hours of support every week, is the main publicly funded formal home care for older adults in Ireland.

Recent research suggests that 7.5 per cent of older people use home help (which typically includes assistance with household cleaning, laundry, shopping and meal preparation) and 1.2 per cent use personal care services (e.g. help with washing, eating)⁶.

Allowing for some overlap in the use of those services, the combined figure of 8.2 per cent is far lower than in comparable countries. In Northern Ireland, for example, 17 per cent of those aged 65 and over used home help or personal care services.

In 2016, the projected population of people aged 65 and over is expected to be 624,500, with 69,900 aged 85 and over. If we assume the proportion of older people using these services remains static at 8.2 per cent, this means at least an additional 3,640 people will require home help in 2016.⁷

In addition, extra funding is required to ensure that older people receive the home help they need 7 days a week, 52 weeks of the year and that those living in the community with low to medium dependency, who require support can access it. The total cost for this of €26 million will restore funding for Home Help services to their 2009 level.

⁵Kamiya Y., Murphy C., Savva G. & Timonen V. (2012) *Profile of Community-Dwelling Older People with Disability and Their Caregivers in Ireland*. The Irish Longitudinal Study on Ageing, Trinity College, Dublin.

⁶Murphy, C, Whelan, B and Normand, C (2015) Formal home-care utilisation by older adults in Ireland: evidence from the Irish Longitudinal Study on Ageing (TILDA) *Health and Social Care in the Community* (2015) 23(4), 408–418

⁷The estimated cost of this is as follows: Average hours provided is 216 hours per annum (4.16 hours per week), 51,209 recipients @ 216 hours= 11.06 million hours; average cost per annum is €4088 per capita, with a minimum of 3,640 extra people @€4088= €14.88 million extra will be required.

Table 2 Home Help Service⁸

| | Total number of hours (million) | Total expenditure (million) | Number of recipients |
|-------------------------------|--|--|-----------------------------|
| 2009 | 11.97 | 211 | 53,967 |
| 2012 | 10.3 | 195 | 48,013 |
| 2014 | 10.3 | 195 | 47,061 |
| April 2015⁹ | 10.3 planned | 185 | 47,774 |

More Home Care Packages

With a growing population of people over 80, the demand for Home Care Packages (providing home care for between 7 and 21 hours per week) will increase.

Assuming a nearly 4 per cent rise in the number of people aged 80 and over in 2016, and if, as promised, older people are to be able to choose where they receive care, at least 550 more Home Care Packages will be required in 2016 at current levels of provision.

With greater numbers of more dependent people opting for home care and requiring Home Care Packages of 21 hours (and more) costs per package will also rise.

These additional packages will cost in the region of €7 million.¹⁰

Table 3 Home Care Packages

| | Expenditure (million) | Number of recipients | Intensive Home Care Packages |
|-------------------|------------------------------|-----------------------------|-------------------------------------|
| 2009 | 120 | 8,332 | |
| 2012 | 130 | 10,942 | |
| 2014 | 139 | 13,199 | 20 |
| April 2015 | 75,477 | 13,642 | 52 |

Roll out a National Reablement Programme

Older people want to live independently for as long as possible. Reablement or 'Restorative Care' programmes improve and maintain an individual's physical strength and mental health. They enable greater independence, reducing ongoing home support needs and costs.

⁸ Health Service Executive (various years) *Annual Report and Financial Statement* - available at <http://hse.ie>

⁹ Health Service Executive (2015) *Performance Report April 2015*

¹⁰ In Budget 2015, €5 million allocated for 400 HCPs= €12,500 average per package

An evaluation of a pilot reablement programme in North Dublin and research from other countries show a reduction in need for home care hours. Participants (majority aged 80 and over) had a 21 per cent reduction in their requirement for home help and a further 59 per cent reduction in the number of hours required.

Councils in Britain who are implementing this programme saw reductions in the number of people being admitted to long-stay care (LTC). For example, in Central Bedfordshire, numbers admitted to LTC fell by more than 10 per cent over three years. The percentage of the population entering LTC per year in Britain is 0.7 per cent, compared to Ireland where the number of new clients supported by NHSS in 2013, stood at 1.5 per cent¹¹.

Recommendations:

1. Home Help Services will require an additional €15 million in 2016 to allow the current levels of provision to be maintained for an anticipated additional 3,600 people. Approximately €11 million is also needed to provide home help outside core hours and to support older people in the community with low to medium dependency. [cost €26 million].
2. Provide an additional 550 home care packages to meet the increased demand from those aged 80 and over, and from those with greater levels of dependency [cost of €7 million].
3. Roll out a National Reablement Programme with the objective of improving and maintaining older people's physical strength and mental health, enabling greater independence, and reducing the need for ongoing home support and long term care. [Over time cost neutral as evidence from pilot programme North Dublin shows reduction in need for home help hours. In UK, admissions to LTC fell by more than 10 per cent over three years].

6. Long-term Residential Care

In April 2015, the number of people being supported under the Nursing Home Support Scheme was 22,521, less than the 2013 figure of 23,005 (see Table 4).

¹¹ Central Bedfordshire (2013) *A Local Account of Adult Social Care Services in Central Bedfordshire 2013* - available at http://www.centralbedfordshire.gov.uk/Images/SC08713LocalAccount2013WEB_tcm6-48845.pdf

It is also worth noting that the waiting time for the NHSS in 2013 was only seven days. Currently, the waiting time is four weeks.

This statistic in itself reflects the deterioration in the provision of services for older people. The decision to cut €23 million from the NHSS in 2014 led to a waiting list of more than 2,000 people with an average waiting time of 15 weeks.

Despite the allocation of additional funding in Budget 2015 (€10 million) and April 2015 (€44 million) the number of people supported under the NHSS is still short of the 2013 figures and waiting times remain far higher than they were in 2013.

The demand for long-term care beds is influenced by the availability of resources within the community. If the Government reneges on its commitment to meet older people’s preferences for care in their homes, then the number of long-term care beds required to meet demand has to increase.

As outlined previously Age Action is calling for investment in home help and home care services as a priority. If the Government does not invest in these services as we have proposed, then the alternate scenario is a more costly investment in the Nursing Home Support Scheme as outlined below.

Based on the assumption that 4 per cent of the projected population of people aged over 65 in 2016 (see Table 1) will require long-term residential care, this means there will be a requirement for an additional 1,056 beds at an estimated cost of €43.8 million if the investment we have proposed for home care and home help is not provided.

| | Total expenditure (million) | Number of recipients |
|-------------------|------------------------------------|-----------------------------|
| 2012 | 972.4 | 22,871 |
| 2013 | 998 | 23,007 |
| 2014 | 938.7 | 22,360 |
| April 2015 | 992.8 | 22,521 |

¹² HSE Reports and Financial Statements op. cit.

Over the last 10 years, there has been a 44.6 per cent increase in long-stay residents categorised as low dependency and a 17.6 per cent increase in residents with medium dependency¹³. These figures indicate that the effect of Government policy for long-term care provision is driving up the numbers of older people in long-term care who do not need to be there.

Other countries take a Home First approach. For example, in Ontario, patients are sent home with intensive case management and enhanced home care supports for several weeks. This frees up acute beds, and ensures those with higher dependency care needs can get long-term care beds.

This period of enhanced care supports also allows an older person to see how well they manage at home, giving them the time and space to make a life altering decision about where they want to live long term, rather than making such a choice in a stressful and disorienting hospital environment¹⁴. In the long term, this is a cost-neutral approach as the cost of the intensive case management approach used in Ontario is outweighed by the cost of acute hospital or nursing home beds.

Nursing Home Support Scheme

For approximately 58 per cent of people 65 and over, the State Pension is their only source of income¹⁵.

Older people receiving nursing home care under the NHSS scheme must contribute 80 per cent of their income, even though the scheme only covers basic bed and board. This leaves those on a full State Pension with a disposable income of €46 per week.

Feedback from members and calls to our information line indicates that this is completely insufficient to cover everyday living expenses such as clothes, toiletries, chiropody, social activities and prescription charges.

Recommendations:

4. If the Government fails to support increased provision of home care and home support, then increased investment will be required to support the NHSS for 2016 [cost of €43.8 million].

¹³ ¹³ Department of Health (2014) Health in Ireland Key Trends 2014 – available at <http://health.gov.ie>

¹⁴ Ministry of Health and Long-Term Care (2014) *Home- First – Putting Patients at the Centre of Their Health Care* – available at <http://www.health.gov.on.ca>

¹⁵ Stewart, J. (2011) *The Pension System in Ireland: Current Issues and Reforms*

5. For those whose only income is the State Pension, increase the personal allowance under the NHSS to 30 per cent of income [cost of less than €1 million].

Roisín's Story – No alternatives to nursing home care

Roisín is in her 80s and lives in a large town in the south of Ireland. Rosin was an active member of her Active Retirement group, living a very independent life in her community. In late 2014, Roisin experienced a serious health problem.

After a stay in hospital and the rehabilitation unit, Roisín was hoping to go home. She lived alone and was apprehensive about whether she would be able to manage. Her consultant felt that with the right support, Roisin could go home. Some support during the day was available, but nighttime monitoring was not possible.

Her family and the nursing staff in the local hospital were concerned for Roisin's safety if she returned home. They encouraged Roisin to think about moving into a local nursing home. Although Roisín wanted to stay at home, alternatives to the nursing home placement were neither offered nor discussed.

Instead the discussion focused on the risk of something happening at night, such as falling down the stairs, and the worry this placed on her family.

Eventually, despite preferring to stay at home, Roisín felt that she should take a nursing home bed to spare her family from worrying about her.

Roisín never had a chance to return home from hospital, never slept in her own bed again or made herself a cup of tea in her own kitchen.

Roisín now shares a room with a stranger, sits in a day room with 20 other people and has no alone time. She no longer attends her Active Retirement group. She finds nursing home life lonely and the days long.

7. Access to Healthcare

Feedback from our members on the development of this submission.

We now have to pay 25 euro for meds per month. My husband is partially disabled. We need extra heating and electricity. Sometimes I have to delay getting my meds, it's a constant balancing act.

My wife and I lost our automatic over-70 Medical Cards. This meant a loss of approximately €1,700 in regard to medical prescriptions.

If I had private health insurance I would be seen straight away – money talks in the health service. If you are old you are not respected, as a result I suffer from major depression.

Access to health and social care is a fundamental human right. It is also good policy. Ensuring affordable, accessible primary care reduces the potential for dependency in later life, with all of the associated costs. Recent analysis of primary care within Europe indicated that Ireland has the highest formal payment in the primary care system¹⁶.

Medical cards provided to older people give a sense of security that they will be able to meet their healthcare needs. Age Action believes that the medical card should be restored as an automatic entitlement to everyone aged 70 and over and would urge the Government to consider how this could be accomplished.

GP Visit Card

In the interim, we are recommending that the GP Visit Card should cover all services normally carried out in a GP practices. This includes, for example, blood tests, other diagnostic procedures and the public in-patient charge of €75 per night to a maximum of €750 per annum.

We believe the cost of such a measure would be relatively small as only 11 per cent of people over the age of 50 have neither a medical card nor private health insurance. Nevertheless, this change would be of great benefit to this group of older people.

Prescription Charges

Since they were first introduced in 2009 the prescription charge has gone from 50 cent to €2.50, an increase of 500 per cent in six years.

For older people in receipt of multiple prescriptions, this increase in the cost of medicine has had very real repercussions. In 2013, 18 per cent of all medical card prescriptions were for six items of

¹⁶Kringos D, Boerma W, Hutchinson A, Saltman RB. (2015) *Building primary care in a changing Europe*. European Observatory on Health Systems and Policies; 2015 p. 1–174 – available at <http://www.euro.who.int/en/publications/abstracts/building-primary-care-in-a-changing-europe>

more¹⁷. As people age, they require more medication. Thirty-one per cent of over 65s have five or more prescriptions, rising to 36 per cent in the over 75s¹⁸.

The monthly cost of medicines is a substantial portion of an older person's income, amounting to €300 per year.

Prescription charges under the DPS scheme amount to €1,728 per year. For an older person, with a gross income of €2010 per month (€501 per week), the yearly charge represents more or less a month's net income.

While initially proposed as a means to avoid over-prescribing, it is difficult to avoid the conclusion that these charges now amount to a tax on being sick.

Callers to our information line have reported that it is now their practice to take their prescriptions to the pharmacist for advice on which ones they can 'do without' as prescription charges mean they are simply unable to afford the medicines their GP has recommended.

Recommendations:

6. Extend coverage of the GP visit card to include all services normally carried out in GP practices and the public in-patient charge of €75 per night, maximum of €750 per annum [cost minimal as only 11 per cent of those aged 50 and over have neither a medical card nor private health insurance].
7. Reduce the GMS Prescription Charge to €1.50, capped at €10.50 for an individual [cost of approximately €40 million].
8. Reduce the Drug Payment Scheme cap to its 2009 rate of €100 for a couple and introduce a separate cap for individual at €50 per month [cost approximately €33m¹⁹]

¹⁷ Health Service Executive (2014) Primary Care Reimbursement Service Statistical Analysis of Claims and Payments 2013 – available at <http://www.hse.ie>

¹⁸ Richardson, K., Moore, P., Pekler, J., Galvin, R., Bennett, K., and Kenny, R.A. (2012) *Polypharmacy in Adults Over 50 in Ireland: Opportunities for Cost Savings and Improved Healthcare*. Irish Longitudinal Study on Ageing.. Trinity College Dublin – available at <http://tilda.tcd.ie/assets/pdf/PolypharmacyReport.pdf>

¹⁹ Health Service Executive (2014) *Primary Care Reimbursement Service Statistical Analysis of Claims and Payments 2013* - Cost based on HSE Reimbursement Cost, computation of new clients qualifying under lower capped limit not included

8. Conclusion

If you require any further information please do not hesitate to contact us at the details below.

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